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U.S. PTO
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UTILITY PATENT APPLICATION TRANSMITTAL (for nonprovisional applications under 37 C.F.R. § 1.53(b))		Attorney Docket No. HECC.109868
TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Express Mail No. EV 369936987 US
Inventor(s): Gregory A. Ewing, Donald R. Heskett, Jr., Michael A. Van Haele, Thomas L. Buzze, Ivan E. Bounds Title: TRANSMISSION WITH TOP MOUNTED SHIFT MECHANISM		PLEASE ASSOCIATE APPLICATION WITH CUSTOMER NO. 05251

Enclosed are:

<input type="checkbox"/>	Non-Publication Request Under 35 U.S.C. § 122(b)(2)(B)(i)			
21	pages of specification including abstract			
8	sheet(s) of drawings			
<input checked="" type="checkbox"/>	an assignment of the invention to: Herzog Contracting Corp.			
<input checked="" type="checkbox"/>	Declaration of Inventor(s):	<input checked="" type="checkbox"/>	Newly executed	<input type="checkbox"/> Copied from a prior application (for contin/div)
<input type="checkbox"/>	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			
Small entity status is claimed.				
Small entity status was requested in prior application; status still proper and desired.				
<input type="checkbox"/>	Information Disclosure Statement/PTO-1449/Copies of IDS citations.			
<input type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No. _____.			
<input type="checkbox"/>	Other: _____			

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application no. _____
Prior application information:		Examiner: _____	Group Art Unit: _____

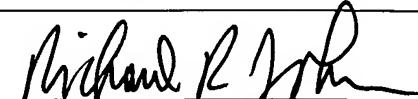
CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$ 770	\$ 770
TOTAL CLAIMS	19 - 20 =	0	X \$ 18	\$ 0
INDEPENDENT CLAIMS	5 - 3 =	2	X \$ 86	\$ 172
MULTIPLE DEPENDENT CLAIM PRESENT			\$ 290	\$
* Number extra must be zero or larger			TOTAL	\$ 942
	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.		SMALL ENTITY TOTAL	\$

<input checked="" type="checkbox"/>	Assignment recordal fee enclosed	<input type="checkbox"/> \$ 40	
		TOTAL DUE	\$ 982

<input checked="" type="checkbox"/>	A check in the amount of \$982.00 to cover the filing fee and assignment recordal is enclosed.
<input checked="" type="checkbox"/>	Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.

<input type="checkbox"/>	Charge the amount of \$ _____ as filing fee.
<input checked="" type="checkbox"/>	Credit any overpayment.
<input checked="" type="checkbox"/>	Charge any additional filing fees required under 37 CFR 1.16 and 1.17.



Signature

3-31-04

Date

Name: Richard R. Johnson Reg. No.: 27,452

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